

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Day Independent Media Committee		FEC IDENTIFICATION NUMBER ▼ C C00582973	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	

Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 27 / 2015	
Mailing Address 915 KING STREET 2ND FLOOR		Amount 566000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4108
Purpose of Expenditure Broadcast and Cable TV		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		566000.00	

Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 27 / 2015	
Mailing Address 915 KING STREET 2ND FLOOR		Amount 184000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4129
Purpose of Expenditure Broadcast TV		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	750000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Susan E. Jones

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Signature